

## Telecommunications Carriers

## **AUTHORIZED UTILITY REPRESENTATIVE FORM**

	CERT	IFICATED COM	PANY INFORMA	TION				
Company Name: BCN Telecom, Inc.				FEIN/SSN				
DBA/FKA:				Telephone #				
Mailing Address: 5320 Holiday	Terrace, Suite	4		· · · · · · · · · · · · · · · · · · ·				
City: Kalamazoo	State: MI		ZIP Cod		2:49009			
ILEC	IXCX	CLEC			Wireless ETC			
REGISTERED AGENT INFORMATION								
Registered Agent: B Allston M	oore Jr.			get ETC (A dillight ET graff get and ETC get in graff get and an extended to the get and an extended to get an				
Mailing Address: 5 Exchange S	Street							
City: Charleston		State: SC		ZIP Code: 49401				

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

	UTILIT	TY REPRESENTATIVE INFORMATI	ON			
General Manager	The second secon	À				
Name: Kathleen Gorey						
Address: 1200 Mt Kemble Avenue	, 3rd Floor					
City: Morristown	State: NJ		ZIP Code: 07960			
Phone: 908-367-5600	Email: kgo	rey@bcntelec.com	Fax: 908-367-5960			
Emergency Contact - Non	Office Ho	urs				
Name:						
Phone:	Email:		Fax:			
Customer Relations/Comp	laints Rep	1				
Name: Ebony Knott						
Address: 1200 Mt Kemble Avenue, 3rd Floor						
City: Morristown		State: NJ	ZIP Code: 07960			
Phone: 800-768-2852	Email: ekno	ott@bcntele.com	Fax: 908-367-5960			
Complaints Rep for Complaint Escalation						
Name: Ebony Knott						
Address: 1200 Mt Kemble Avenue	e, 3rd Floor					
City: Morristown		State: NJ	ZIP Code: `07960			
Phone: 800-768-2852	Email: eknott@bcntele.com		Fax: 908-367-5960			
Customer Toll Free Contact Number: 800-768-2852						
Engineering Operations						
Name:						
Address:			TED			
City:		State:	ZIP Code:			
Phone:	Email:		Fax:			
Test and Repair			21 202			
Name:			MAN .			
Address: PSO Office						
City:		State:	ZIP Code: PSC Office ZIP Code: Clerks			
Phone:	Email:		Fax:			

LITTLATV DÉDDECENTATIVE INCODMATION							
UTIĻITY REPRESENTĀTĪVE INFORMATION Regulatory Officer							
Name & Title: Joahua Heller							
Address: 1200 Mt. Kemble Avenue, 3rd Floor							
City: Morristown State: NJ			ZIP Code: 07960				
Phone: 908-367-5600	Email: jheller@bcntele.com		Fax: 908-367-5960				
Annual Report Form Mailings							
Name & Title: Amanda Gucich, Regulatory Manager							
Address: 5320 Holiday Terrace, Suite4							
City: Kalamazoo			ZIP Code: 49009				
Phone: 269-381-8888	Email: con	stact@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Dual Party Invoice Mailing	S						
Name & Title: Amanda Gucich, S	Senior Comp	liance Specialist					
Address: 5320 Holiday Terrace, Suite4							
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-888	Email: cont	act@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Universal Service Fund Mailings							
Name & Title: Amanda Gucich, Senior Compliance Specialist							
Address: 5320 Holiday Terrace, Suite4							
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-8888	Email: contact@nationwideregulatorycompliance.com		Fax: 269-381-4855				
Gross Receipts Mailings							
Name & Title: Amanda Gucich, Senior Compliance Specialist							
Address: 5320 Holiday Terrace, Suite4							
City: Kalamazoo		State: MI	ZIP Code: 49009				
Phone: 269-381-8888	Email: cor	tact@nationwideregulatorycompliance.com	Fax: 269-381-4855				
Lifeline Contact							
Name & Title: n/a							
Address:							
City:	State: ZI		ZIP Code:				
Phone:	Email: Fa		Fax:				

FORM PREPARER INFORMATION	AND DESCRIPTION OF THE PARTY OF
This form was completed by: Amanda Gucich	
Signature:	
Title: Regulatory Manager	Date: 03/17/2021

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201